RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number	PAD002327930		EIN			
Handler Name	Deluxe Check Pri	Deluxe Check Printers-Inc. PSh PI				
Street 615 Mcn	nichael ROAD					
City Pittsburg	h	State PA	Zip Code 152	05		
Actual Generator S Check only if different t	V00515355555 - 100551 11 14 14 14 14 14 14 14 14 14 14 14 14	QG SQG CE	ESQG Closed			
Universe Change R (Generator Status Cha		NO If YES, complete the U	Iniverse Change Section (on reverse side of this form).		
RCRA Non-Notifier	YES NO	If YES, complete the Handler Se	ection (on reverse side of t	nis form).		
Other Facility Inform	nation Changes? YES		e Handler Section (on rev	WALL TO THE THE PARTY OF THE PA		
*EVALUATION	🛛 Add 🗌 Upda		You must provide an known as the Sequen	Evaluation Identifier (also ce Number).		
*Evaluation *T	*Evaluation Sta ype (mm/dd/yyy	ert Date *Agency	Responsible Person	Suborganization		
С	EI 8/30/2007		JWK	PA DEP WM		
SNY, and SNN, otherwis CSE, FUI, and SNY eval	Zero for all evaluation types exce e it defaults to Evaluation Start De uations, you must select a previo valuation type does not require a	ate. For CDI, 8/30/2007 ous CEI Start Date	Reclassified SV Only applicable for sevaluation type as appropriate.	1		
	lotes:	OUT OF BUS	SINESS			
☐ Citizen	Complaint	ge Areas (Use Only for Evalua	npling	Subtitle C		
віғ П	CCI □ CFI □	Regulation-Specific FCl INC □ LDR □ PTB	B □ PTX □			
тні 🗆	uic 🗆 uoi 🗆	UWR OTHER (speci		-		
CAR 🗆	CPC DOS	EMR IEI ISI	I RTI			
Does this Evaluation	Add/Update/Delete a Vid	olation? YES 🗌 NO 🛛	If Yes, fill in the Viol of this form.	ations Section(s) on page 2		
Does this Evaluation link to a Commitment? YES NO If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form						
Does this Evaluation	link to a 3007 Request?	YES □ NO ☒	If Yes, please use th Information Reques	e RCRAInfo 3007 ts and Commitments Form.		
OUTSTANDING VIOL	ATIONS COVERED BY A	ABOVE EVALUATION? YES	NO ⊠ If Yes, I	ill in information below.		
*Seq. No. *Viol	ation Type *Agency	*Regulation Citat (Type + Citation (ex. FR 262.1)		*Date Determined (mm/dd/yyyy)		
		Folder GEN1 AdmRec? N \$00002598				

^{*}Required Fields

RCRAInfo CM&E Evaluation-Violation Form, Page 2 er Name

EPA ID Number		Handler Name				
PAD 0023279	30	Deluxe Check	Printers Inc.			
/Additional Violettens can be		ONS SECTION	M&E Additional Violations Form)			
		u using the RCRAiino Ci				
VIOLATION Add U	odate 🗌 Delete		Link to Above Evaluation			
Seq. No Violation Age Type Notes:	ncy Determined Da (mm/dd/yyyy	•	er (mm/dd/yyyy) r is required if			
LINK CITATIONS TO ABOVE VI	OLATION? YES	s NO	If Yes, fill in information below			
Citation Ci	ation	Citation Type	Citation Citation			
	date		Link to Above Evaluation			
Seq. No Violation Agei	ncy Determined Da (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier A RTC Qualifier is required if entering an Actual RTC Date. Actual RTC Date (mm/dd/yyyy)				
LINK CITATIONS TO ABOVE VI	OLATION? YES	s 🗌 no 🔲	If Yes, fill in information below			
Citation Cit	Citation		Citation			
	ANDLER SECTION (F	ill out if RCRA Non-Notif	Fier)			
Handler Name		Contact				
Street		Sec. 1				
City		State	Zip Code			
County	CHANGE SECTION (
	ESCHOOL STREET, THE STREET, THE SERVICE STREET, STREET	Fill out if Universe Chang				
Indicate the Facility's current L Indicate the new RCRAInfo Ger Note: All TSD activity changes must be had cannot be made using this form.	nerator Universe:	LQG Non-Handler	SQG □ CEG □ Closed ⊠			
iii. Indicate the new transporter sta (Only fill out if the facility requires a transporter status change)	If the transporter have	nsporter arise checked, you must check at ansportation below: Water Other	Non-Transporter Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.			

^{*}Required Fields

Insp. 70# 1647971

Department	of	GENER/	XL	В	ureau of
Environmen	tal l	NSPECTION F	REPORT		Recycling
Protection	1	Jan Madra & W. J. A. A. D. Die e.	10.0 it v.t // t.v.	and Was	te Management

Type of Inspection CEI	WM Identification Number PAD002327930	Entry Time/Date 15:30 08/30/2007			
Facility/Incident Name and Location DELUXE CHECK PRINTERS, INC. 615 McMICHAEL ROAD PITTSBURGH, PA 15205		Municipality ROBINSON TWP.			
		County ALLEGHENY			
Name, Address or Responsib PHIL GENTRY	le Official	Title			
		Telephone (412) 788-2105	Interviewe		
REMARKS A RCRA Compliance E 615 McMICHAEL ROA	valuation Inspection was D is vacant. The Deluxe				
Sample Collected? YES NO	Sample Numbers		Analysis		
Inspector Name	Inspector Signature		Headquarters		Date 08/30/2007
John W. Kendall Solid Waste Specialist	John WK	anhill	SW Regional Office 400 Waterfront Dr. Pittsburgh, PA 15222		Telephone (412) 442-5802 (412) 442-4194 FAX
Person Interviewed Name N/A	Signature of Person In	terviewed	Title		Date

This document is official notification that a representative of the Department of Environmental Protection inspected the above-mentioned facility. The findings of the inspection are shown above and on any attached pages. Violations discovered as a result of this inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses, review of pertinent documents and further investigation. Notification will be forthcoming if such violations are discovered.